2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # NOCOCOOCA 974

FILED Apr 21, 2005 8:00 am Secretary of State 04-21-2005 90259 018 ****61.25

1. Entity Nam	EA SOCIETY OF ANESTHES		C.									
Principal Place of Business TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH. ROOM G-208, DAVIS ISLANDS TAMPA, FL 33606		Mailing Address TAMPA GENERAL HOSPITAL, DEPT. OF ANESTH ROOM G-208, DAVIS ISLANDS TAMPA, FL 33606				‡ 186 71131 6 11	F (11) 2 11(1) 11(1)		'	0042		•
2. Principal Place of Business		3. Mailing Address]]
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04052005	Chg-NP		CR2E03	7 (10/03)		
City & State		City & State			4. FEI Number 59-339			·		Applied f		
Zip	Country	Zip -	C	ountry		5. Certificate	of Status De	sired		\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current i	Registered Agent				7. Name and	Address of	New R	egistered A	gent		
BARRETT, CHARLES V III				Name								
	H FIELDING AVENUE			Street A	vddress (f	P.O. Box Numb	er is Not Acc	eptable	9)			
				City			,	,	FL	Zip Co	de	 · · · -
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.									ccept			
the obligations of registered agent.												
SIGNATURE												
LOUNAIURE												
0.010110110	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Regists	red Agent signar	beniuper enut	when reinstating)			DATE			_
					beniuper erut	when reinstating)	677:53	e e e e e e e e e e e e e e e e e e e		Sing Marin	** _\$	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Electio	(NOTE: Register n Campaign und Contribu	Financing	ture required	when reinstating) \$5.00 May E Added to Fees			DATE ake check ida Depan			Hatt
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Electio Trust F	n Campaign	Financing		\$5.00 May E		Flor	ake check ida Depar	ment of	State	1,245
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Electio Trust F	n Campaign und Contribe	Financing ution.	U A	\$5.00 May E Added to Fees DDITIONS/CH	ANGES TO C	Flor	ake check ida Depar	ment of	State N 10	ddition
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D.	9. Electio Trust F	n Campaign iund Contribu 11	Financing ution. LE	V VILA	\$5.00 May E Added to Fees DDITIONS/CH	ANGES TO C	Flor	ake check ida Depar RS AND DIF	ECTORS Change	State N 10 X A	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROO	9. Electio Trust F	n Campaign und Contribu 11 TII NA ST	Financing ution. LE ME REET ADDRESS	V VILA	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	ECTORS Change	State N 10 X A	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D.	9. Electio Trust F ECTORS Delete OM G-208	n Campaign und Contribu 11 m NA ST	Financing ution. LE ME REET ADDRESS IY-ST-ZIP	V VILA	\$5.00 May E Added to Fees DDITIONS/CH	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	RECTORS Change	N 10 X A Bx 5	9
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROOTAMPA, FL 33606	9. Electio Trust F	n Campaign und Contribu 11 Tm NA ST CT	Financing ution. LE ME REET ADDRESS	V VILA	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	ECTORS Change	N 10 X A Bx 5	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 D	9. Electio Trust F ECTORS Delete Delete	n Campaign und Contribu 11 Tm NA ST Cr	Financing tion. LE ME REET ADDRESS IY-ST-ZIP LE	V VILA	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	RECTORS Change	N 10 X A Bx 5	9
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIR DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606	9. Electio Trust F ECTORS Delete Delete	n Campaign und Contribu 11 m NA ST Cr	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME	V VILA	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	RECTORS Change	N 10 X A Bx 5	9
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIR DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 ST-	9. Electio Trust F ECTORS Delete OM G-208	n Campaign und Contribu III III NA ST CI III NA ST CT	Financing ation. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	V VILA	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	RECTORS Change	N 10 X A Bx 5	9
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIR DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 STI- SOTO, ROY, MD	9. Electio Trust F ECTORS Delete OM G-208 Delete CM G-208	n Campaign und Contribu III III NA ST CI III NA ST CI III NA ST	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	V VILA	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	MDC Change	N 10 X A Bx 5	ddition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 6T— 6OTO, ROY. MD— 12901-BRUCE B-DOWNS BLVD.	9. Electio Trust F ECTORS Delete OM G-208 Delete CM G-208	n Campaign und Contribu III III NA ST CI III NA ST CI III NA ST CI III NA ST	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS REET ADDRESS	V VILA	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	MDC Change	N 10 X A Bx 5	ddition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 61— 6010, ROY. MD 12901-BRUCE B DOWNS BLVD.	9. Election Trust F Delete OM G-208 Delete OM G-208 ANDC 59	n Campaign und Contribu III III NA ST CI III NA ST CI III NA ST CI	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	V VILA 1290 Tamp	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	MDC Change	N 10 X A Bx 5	Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 6T— 6OTO, ROY. MD— 12901-BRUCE B-DOWNS BLVD.	9. Electio Trust F ECTORS Delete OM G-208 Delete CM G-208	n Campaign und Contribu III III NA ST CI III NA ST CI III NA ST CI III NA TI II NA TI	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS REET ADDRESS	V VILA	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C R M.D. B. Dov	Flor	ake check ida Depar RS AND DIF	MDC Change	N 10 X A Bx 5	ddition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROUTAMPA, FL 33606 6T— 6OTO, ROY. MD— 12901-BRUCE 8-DOWNS BLVD, TAMPA, FL 33612— VP—	9. Election Trust F Delete OM G-208 Delete OM G-208 ANDC 59	n Campaign und Contribu III III NA ST CI III NA ST CI III NA ST CI III NA ST CI III NA ST	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	V VILA 1290 Tamp	\$5.00 May E Added to Fees DDITIONS/CH., HECTOI 1 Bruce a, FL 3.	ANGES TO C	Flor	ake check ida Depart	MDC Change	N 10 X) A Bx 5	ddition Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROTTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROTTAMPA, FL 33606 6T— 6OTO, ROY. MD— 12901 BRUCE 8 DOWNS BLVD, TAMPA, FL 33612— VP— SCHUSTER, ANTHONY MD	9. Election Trust F Delete OM G-208 Delete OM G-208 ANDC 59	n Campaign und Contribu 11 m NA ST CT TIT NA ST CT TIT NA ST CT TIT NA ST CT	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME	V VILA 1290 Tamp	\$5.00 May E Added to Fees DDITIONS/CH ., HECTOI 1 Bruce	ANGES TO C	Flor	ake check ida Depart	MDC Change	N 10 X) A Bx 5	ddition Addition
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROTAMPA, FL 33606 ST SOTO, ROY. MD 12901-BRUCE B DOWNS BLVD. TAMPA, FL 33612 VP SCHUSTER, ANTHONY MD 12901 BRUCE B BROWN TAMPA, FL 33612 ST	9. Election Trust F Delete OM G-208 Delete OM G-208 ANDC 59	n Campaign und Contribu III III III III III III III III III I	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	V VILA 1290 Tamp	\$5.00 May E Added to Fees DDITIONS/CH., HECTOI 1 Bruce a, FL 3.	ANGES TO C	Flor	ake check ida Depart	MDC Change	Bx 5	ddition Addition
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROTAMPA, FL 33606 6T- 50TO, ROY. MD- 12901-BRUCE B DOWNS BLVD. TAMPA, FL-33612 VP- SCHUSTER, ANTHONY MD 12901 BRUCE B BROWN TAMPA, FL 33612 ST KLEIN, MALCOM MD	9. Election Trust F ECTORS Delete OM G-208 EXXDelete MDC 59 Delete	n Campaign und Contribu III III III III III III III III III I	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME	V VILA 1290 Tamp	\$5.00 May E Added to Fees DDITIONS/CH., HECTOI 1 Bruce a, FL 3.	ANGES TO C R M.D. B. Dov 3612	FFICE VIIS	Blvd.,	MDC Change Change MDC Change	Bx 5	Addition Addition Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROTTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROTTAMPA, FL 33606 6T— 6OTO, ROY. MD— 12901 BRUCE B DOWNS BLVD, TAMPA, FL 33612 VP— SCHUSTER, ANTHONY MD 12901 BRUCE B BROWN TAMPA, FL 33612 ST KLEIN, MALCOM MD 12901 BRUCE B DOWNS BLVD	9. Election Trust F ECTORS Delete OM G-208 EXXDelete MDC 59 Delete	n Campaign und Contribu 11 m NA ST Cr TIII NA ST	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	V VILA 1290 Tamp	\$5.00 May E Added to Fees DDITIONS/CH., HECTOI 1 Bruce a, FL 3.	ANGES TO C R M.D. B. Dov 3612	FFICE VIIS	Blvd.,	MDC Change Change MDC Change	Bx 5	Addition Addition Addition
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR D DOWNS, JOHN B M.D. T.G.H., DEPT. OF ANESTH., ROTAMPA, FL 33606 D SMITH, PATRICIA T.G.H., DEPT. OF ANESTH., ROTAMPA, FL 33606 6T- 50TO, ROY. MD- 12901-BRUCE B DOWNS BLVD. TAMPA, FL-33612 VP- SCHUSTER, ANTHONY MD 12901 BRUCE B BROWN TAMPA, FL 33612 ST KLEIN, MALCOM MD	9. Election Trust F ECTORS Delete OM G-208 EXXDelete MDC 59 Delete	n Campaign und Contribu III III III III III III III III III I	Financing ution. LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME	V VILA 1290 Tamp	\$5.00 May E Added to Fees DDITIONS/CH., HECTOI 1 Bruce a, FL 3.	ANGES TO C R M.D. B. Dov 3612	FFICE VIIS	Blvd.,	MDC Change Change MDC Change	Bx 5	Addition Addition Addition

ATHE DA

12. I hereby certify that the information supplied with/this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trystee exprowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

813-844-7438

Daytime Phone #